

**WISCONSIN WIC PROGRAM
FORMULA SAMPLE
ORDER REQUEST**

Project Number:

Project Name:

Order Deadline (check one)

1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
7-Dec	7-Mar	7-Jun	7-Sep

Completion of this form is voluntary. Information collected will be used to order and ship client material.

Mail completed form to Wisconsin WIC Program, Nutrition Section, PO Box 2659, Madison, WI 53701-2659, or fax to: **608/266-3125**. Note any shipping changes at the bottom of the form.

Formula Product	Quantity in cases
Similac – concentrate (12/13 oz)	
Similac Advance – concentrate (12/13 oz)	
Similac – powder (6/14.1 Oz)	
Similac Advance – powder (6/12.9 oz)	
Similac – powder (1.07 oz packet – 18 packets per carton, 6 cartons per case)	
Similac Lactose Free – concentrate (12/13 oz)	
Similac Lactose Free – powder (6/14 oz)	

Formula Product	Quantity in cases
Isomil – concentrate (12/13 oz)	
Isomil Advance Soy – concentrate (12/13 oz)	
Isomil – powder (6/14 oz)	
Isomil Advance Soy – powder (6/12.9 oz)	
Isomil – powder (1.06 oz packet – 18 packets per carton, 6 cartons per case)	

Note any shipping changes for formula samples:

Address:

City/St/Zip:

Telephone:

Contact: